



U.S. Department of State

APPLICATION FOR ☐ U.S. PASSPORT ☐ REGISTRATION

(Type or print all capital letters in blue or black ink in white areas only)

1. NAME (First and Middle)

LAST

2. MAIL PASSPORT TO: STREET / RFD # OR P.O. BOX

APT. #

CITY

STATE

ZIP CODE

COUNTRY / IN CARE OF (if applicable)

☐ 5 Yr. ☐ 10 Yr. Issue Date _____
☐ R ☐ D ☐ O ☐ DP

End. # _____ Exp. _____

3. SEX

☐ M ☐ F

4. PLACE OF BIRTH (City & State or City & Country)

5. DATE OF BIRTH

Month Day Year

6. SOCIAL SECURITY NUMBER

(SEE FEDERAL TAX LAW NOTICE ON PAGE 4)

7. HEIGHT

Feet Inches

8. HAIR COLOR

9. EYE COLOR

10. HOME TELEPHONE

11. BUSINESS TELEPHONE

12. OCCUPATION

13. PERMANENT ADDRESS (DO NOT LIST P.O. BOX) Street/R.F.D.#

City

State

14. FATHER'S FULL NAME

Last

First

BIRTHPLACE

BIRTHDATE

U.S. CITIZEN

☐ Yes
☐ No

15. MOTHER'S FULL MAIDEN NAME

Last

First

BIRTHPLACE

BIRTHDATE

U.S. CITIZEN

☐ Yes
☐ No

16. HAVE YOU EVER BEEN MARRIED?

☐ Yes
☐ No

SPOUSE'S OR FORMER SPOUSE'S FULL NAME AT BIRTH

BIRTHPLACE

BIRTHDATE

U.S. CITIZEN

☐ Yes
☐ No

DATE OF MOST RECENT MARRIAGE

Month Day Year

WIDOWED/DIVORCED?

☐ Yes Give Date Month Day Year
☐ No

17. OTHER NAMES YOU HAVE USED

(1)

(2)

18. HAVE YOU EVER BEEN ISSUED A U.S. PASSPORT?

☐ Yes ☐ No

IF YES, COMPLETE NEXT LINE AND SUBMIT PASSPORT IF AVAILABLE.

DISPOSITION

NAME IN WHICH ISSUED

MOST RECENT PASSPORT NUMBER

APPROXIMATE ISSUE DATE

Month Day Year

☐ Submitted ☐ Stolen

☐ Lost ☐ Other

It is necessary to submit a statement with an application for a new passport when a previous valid or potentially valid passport cannot be presented. The statement must set forth in detail why the previous passport cannot be presented. Use Form DS-64.

19. EMERGENCY CONTACT. If you wish, you may supply the name, address and telephone number of a person not traveling with you to be contacted in case of emergency.

NAME

STREET

CITY

STATE

ZIP CODE

TELEPHONE

20. TRAVEL PLANS (not mandatory)

Month Day Year

Date of Trip

Length of Trip

COUNTRIES TO BE VISITED:

21. STOP. DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.

I have not, since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me.

X _____
Applicant's Signature - age 14 or older

X _____
Father's/Legal Guardian's Signature (if identifying minor)

X _____
Mother's/Legal Guardian's Signature (if identifying minor)

22. FOR ACCEPTANCE AGENT'S USE

Subscribed and sworn to (affirmed) before me

Month Day Year

(Signature of person authorized to accept application)

☐ Clerk of Court: Location _____

☐ PASSPORT Agent

☐ Postal Employee

☐ (Vice) Consul USA

23a. Applicant's or Father's Identifying Documents

☐ Driver's License ☐ Passport ☐ Other (Specify) _____

Issue Date: _____ Expiration Date: _____ Place of Issue: _____

Name: _____ ID No.: _____

23b. Mother's Identifying Documents

☐ Driver's License ☐ Passport ☐ Other (Specify) _____

Issue Date: _____ Expiration Date: _____ Place of Issue: _____

Name: _____ ID No.: _____

24. FOR ISSUING OFFICE USE ONLY (Applicant's evidence of citizenship)

☐ Birth Certificate ☐ SR ☐ CR ☐ City Filed/Issued:

☐ Passport Bearer's Name:

☐ Report of Birth:

☐ Naturalization/Citizenship Cert. No:

☐ Other:

☐ Seen & Returned:

☐ Attached:

Issued:

APPLICATION APPROVAL

25.

FEE _____ EXEC. _____ EF _____ OTHER _____